

## The Appeals Process

Appeals = taking another look

### **Q. Why am I getting this letter?**

A. You have received this letter because \_\_\_\_\_ Managed Care Organization (MCO) has made a decision, called an “Action” in the letter, about \_\_\_\_\_ (name of specific service).

### **Q. What is the decision?**

A. The decision can be found on the bottom of page 1 of the enclosed letter. The decision is only about the service named in the letter.

### **Q. What do I do now?**

If your service has been approved then you are okay, and you do not need to do anything. If your service has been turned down, and it is something you want, you can do the following:

You have a right to appeal (disagree) with this decision! Keep these steps in mind:

The first step is called a **Reconsideration Review** (this means to have another look). Don't wait. You must inform the MCO within 30 calendar days from the date on the letter that you want a Reconsideration Review (have them take another look).

In most cases, your current services will be maintained if you tell the MCO before the date your current service is to end or change. Make sure you ask the MCO and your provider to continue the service during this period.

Remember - You have a legal right to appeal (have another look) without fear of retaliation (being in or causing trouble).

### **Q. How do I ask for a reconsideration review (having another look)?**

There are two ways to inform the MCO that you want a Reconsideration Review: (have another look)

1. Call the \_\_\_\_\_ (name of MCO) at \_\_\_\_\_ (phone number) and say that you wish to appeal (have another look). You may ask for help.
2. Complete the Reconsideration Review Form attached to the letter. You can Mail, fax, hand deliver, or email the form to the MCO. (List name of contact, address, email, fax, phone number)
  - Ask the MCO or your service provider to help you complete the form.
  - Talk to your provider immediately if you feel that you need a fast appeal to expedite (speed up) the review process. Only a provider can file this type of appeal.
  - Add additional information as to why you need the service

- Keep copies of everything.
- Request to speak to the MCO reviewer.

**Q. When will I receive the MCOs Reconsideration Review decision?**

The MCO will send you a follow up letter detailing the decision. You must be notified within 45 days from the date you filed your appeal.

**Q. What if I disagree with the Reconsideration Review decision?**

If you disagree with the Reconsideration Review decision, you have the right to appeal (have another look) to ask the North Carolina Office of Administrative Hearings (OAH) to review this decision.

**To do that:**

File an appeal immediately. Complete the form and include the reasons why you disagree. You have a full 30 days from the date of the Reconsideration Review letter to file. But your services will only continue if you file within 10 days of the Reconsideration Review decision letter.

You may want to ask for help to file this form.

After filing to OAH, that office will ask you whether you want a Mediator in person or by phone to discuss your appeal.

You can skip the Mediator and have your appeal reviewed by the OAH law judge. Or you can wait for the results of the Mediation. If you disagree with the Mediation's outcome, OAH will automatically review your appeal.

The North Carolina Division of Medical Assistance (DMA) will review the OAH decision regarding your appeal. If you disagree with the appeal decisions, ask an attorney about appeal rights to Superior Court.

**Important points to remember:**

Call the numbers on the letter and ask questions.

Your appeal rights are protected in law. Don't be afraid to speak up for yourself. .

You must meet all the deadlines.

Keep notes on when you called, mailed or faxed the appeal

If you lose the appeal at Reconsideration or at OAH, North Carolina has the right to ask you pay for the costs of the services during the appeal.

If you have questions about this, call the MCO.